## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 21, 2007 8:00 am DOCUMENT # L06000102095 **Secretary of State** 1. Entity Name 02-21-2007 90104 008 \*\*\*\*50.00 HOME IMPROVEMENT ENTERPRISES BY DANIEL H. YOUNG, LLC Principal Place of Business Mailing Address 823 NORTH TREMAIN STREET PO BOX 1642 MT DORA FL 32756 MT DORA FL 32757 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 4. FEI Number City & State City & State Applied For 64 Not Applicable Zip Country Zip Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, DANIEL H Street Address (P.O. Box Number is Not Acceptable) 823 N. TREMAIN ST MT DORA FL 32757 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES HIDE **MGRM** ☐ Delete 11111 ☐ Change ■ Addition YOUNG, DANIEL H NAME. STREET ADORESS 843 N TREMAIN ST STREET ADDRESS CITY-ST-ZIP MT DORA FL 32757 CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP ☐ Delete mu: ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP DILE ☐ Delete TIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-7/P BILE. ☐ Delete ☐ Change THILE Addition NAMi NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 71P CITY-ST-ZIP HILLE ☐ Defete TIPLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CHY-ST-7IP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED